

# REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 35  
BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1. NAME OF COMMITTEE (in full)

MIKE GRAVEL FOR PRESIDENT 2008

ADDRESS (number and street)

1600 N OAK ST #1412

☐ Check if different than previously reported

2. IDENTIFICATION NUMBER

C00423202

CITY, STATE, and ZIP CODE

ARLINGTON

VA

22209

3. IS THIS REPORT FOR :

☐ Primary☐ General4. TYPE OF REPORT (Check here ☐ if this is a Termination Report.)☐ April 15 Quarterly Report☐ July 15 Quarterly Report☐ October 15 Quarterly Report☐ January 31 Year End Report

Monthly Report Due On:

☐ February 20☐ March 20☐ April 20☐ May 20☐ June 20☐ July 20☒ August 20☐ September 20☐ October 20☐ November 20☐ December 20☐ January 31☐ Twelfth day report preceding

(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

☐ Thirtieth day report following the General Election on

on \_\_\_\_\_

IS THIS REPORT AN AMENDMENT

☐ YES☒ NO

## 5. COVERING PERIOD

FROM

07/01/2008

THROUGH

07/31/2008

## SUMMARY

6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD .....	4672.66
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) .....	152.00
8. SUBTOTAL (Lines 6 and 7) .....	4824.66
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	243.39
10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8) .....	4581.27
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	3723.01
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	185046.88
13. EXPENDITURES SUBJECT TO LIMITATION .....	556714.24

NET ELECTION CYCLE-  
TO-DATE  
CONTRIBUTIONS AND  
EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	510430.36
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	556714.24

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer

MIKE GRAVEL

Date

08/21/2008

Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact:

Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 3P  
(01/2001)

**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS****2 / 35**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

**MIKE GRAVEL FOR PRESIDENT 2008**

Report Covering the Period

From: 07/01/2008

To: 07/31/2008

<b>I. RECEIPTS</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00	
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees .....	152.00	509928.76	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees .....	0.00	501.60	
(d) The Candidate .....	0.00	0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d)) .....	152.00	510430.36	
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00	
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate .....	0.00	73515.73	
(b) Other Loans .....	0.00	0.00	
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	73515.73	
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating .....	0.00	0.00	
(b) Fundraising .....	0.00	0.00	
(c) Legal and Accounting .....	0.00	0.00	
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	0.00	0.00	
21. OTHER RECEIPTS (Dividend, Interest, etc.) .....	0.00	6249.42	
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21) .....	152.00	590195.51	
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES .....	243.39	556714.24	
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00	
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00	
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS .....	0.00	0.00	
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate .....	0.00	28900.00	
(b) Other Repayments .....	0.00	0.00	
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)) .....	0.00	28900.00	
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees .....	0.00	0.00	
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c)) .....	0.00	0.00	
29. OTHER DISBURSEMENTS .....	0.00	0.00	
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	243.39	585614.24	
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00		

**ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE**  
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)  
 (PAGE 3, FEC FORM 3P)

3 / 35

**1. NAME OF COMMITTEE (in full)****MIKE GRAVEL FOR PRESIDENT 2008****ADDRESS (number and street)**

1600 N OAK ST #1412

**CITY, STATE, and ZIP CODE**

ARLINGTON

VA

22209

**2. IDENTIFICATION NUMBER**

C00423202

## ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	10454.40
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachusetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			<b>TOTALS</b>	<b>0.00</b>	<b>10454.40</b>

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4 / 35

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

THOMAS MORAN

Mailing Address

103 Calvin Place

City

SANTA CRUZ

State

CA

Zip Code

95060

FEC ID number of contributing  
federal political committee.

Name of Employer  
DOS

Occupation

NIV CLERK

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Transaction ID: SA17A.20353

B.

Full Name (Last, First, Middle Initial)

MICHAEL SUZIO

Mailing Address

1416 Cherokee

City

ROYAL OAK

State

MI

Zip Code

48067

FEC ID number of contributing  
federal political committee.

Name of Employer  
IBM

Occupation

COMPUTER CONSULTANT

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Transaction ID: SA17A.20357

C.

Full Name (Last, First, Middle Initial)

MICHAEL SUZIO

Mailing Address

1416 Cherokee

City

ROYAL OAK

State

MI

Zip Code

48067

FEC ID number of contributing  
federal political committee.

Name of Employer  
IBM

Occupation

COMPUTER CONSULTANT

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Transaction ID: SA17A.20355

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 / 35

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

ANTHONY YEUNG

Mailing Address

8019 15th Avenue

City

State

Zip Code

BURNABY

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 8

Amount of Each Receipt this Period

2.00

CONTRIBUTION

Transaction ID: SA17A.20358

SUBTOTAL of Receipts This Page (optional) .....

2.00

TOTAL This Period (last page this line number only) .....

152.00

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 35

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

<b>A.</b> Full Name (Last, First, Middle Initial) AUTHORIZENET CORP	<b>Transaction ID:</b> SB23.20367 <b>Date of Disbursement</b>
Mailing Address 915 SOUTH 500 EAST SUITE 200	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City AMERICAN FORK State UT Zip Code 84003	Amount of Each Disbursement this Period
Purpose of Disbursement MERCHANT PROCESSING FEES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<input type="text" value="67.70"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Boingo Wireless Inc.	<b>Transaction ID:</b> SB23.20364 <b>Date of Disbursement</b>
Mailing Address 1601 Cloverfield Blvd Suite 570	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City South Santa Monica State CA Zip Code 90404	Amount of Each Disbursement this Period
Purpose of Disbursement TELEPHONE/INTERNET Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<input type="text" value="21.95"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MEDIA TEMPLE INCORPORATED	<b>Transaction ID:</b> SB23.20366 <b>Date of Disbursement</b>
Mailing Address 8520 National Blvd. Building A	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City Culver City State CA Zip Code 90232	Amount of Each Disbursement this Period
Purpose of Disbursement MEDIA EXPENSES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<input type="text" value="40.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**129.65**

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 35

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

<b>A.</b> Full Name (Last, First, Middle Initial) Paypal Inc Mailing Address 7615 37th Ave City Jackson Heights State NY Zip Code 11372 Purpose of Disbursement PAYPAL MERCHANT FEES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.20362 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div>
<div> <div>Amount of Each Disbursement this Period</div> <div>8.84</div> </div> <div> <div>101</div> <div>Category/Type</div> </div>	
<b>B.</b> Full Name (Last, First, Middle Initial) STORES ONLINE-RITA Mailing Address 754 E TECHNOLOGY AVE City Orem State UT Zip Code 84097 Purpose of Disbursement OFFICE EXPENSES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.20363 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div>
<div> <div>Amount of Each Disbursement this Period</div> <div>49.90</div> </div> <div> <div>101</div> <div>Category/Type</div> </div>	
<b>C.</b> Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966 City Charlotte State NC Zip Code 28262 Purpose of Disbursement BANK CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.20365 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 0 / 2 0 0 8</div> </div>
<div> <div>Amount of Each Disbursement this Period</div> <div>10.00</div> </div> <div> <div>101</div> <div>Category/Type</div> </div>	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

68.74

**TOTAL** This Period (last page this line number only) ..... ►

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 35

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address P.O. Box 563966

City State Zip Code  
Charlotte NC 28262

Purpose of Disbursement

BANK CHARGES

Candidate Name

MIKE GRAVEL FOR PRESIDENT 2008

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.20369

Date of Disbursement

07 / 16 / 2008

Amount of Each Disbursement this Period

35.00

B.

Full Name (Last, First, Middle Initial)

WLI Reservation Rewards

Mailing Address 101 Merritt 7, Seventh Floor

City State Zip Code  
Norwalk CT 06851

Purpose of Disbursement

TELEPHONE/INTERNET

Candidate Name

MIKE GRAVEL FOR PRESIDENT 2008

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.20373

Date of Disbursement

07 / 02 / 2008

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional) .....

45.00

TOTAL This Period (last page this line number only) .....

243.39



**Schedule C-P****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 9 / 35

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4621

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

30000.00

Cumulative Payment To Date

23900.00

Balance Outstanding at Close of This Period

6100.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 7D D  
2 4Y Y Y Y  
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

6100.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 10 / 35

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4629

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 7D D  
2 4Y Y Y Y  
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

3000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 11 / 35

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4622

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
2 7Y Y Y Y  
2 0 0 6

12/31/2006

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 12 / 35

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4623

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
2 7Y Y Y Y  
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

100.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 / 35

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4726

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0D D  
2 5Y Y Y Y  
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 14 / 35

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4743

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 1D D  
3 0Y Y Y Y  
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

6000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 15 / 35

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4744

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 2D D  
1 8Y Y Y Y  
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 16 / 35

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5215

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

806.74

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

806.74

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
0 7Y Y Y Y  
2 0 0 7

12/31/2008

0.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

806.74

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 17 / 35

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5217

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

181.87

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

181.87

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
0 7Y Y Y Y  
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

181.87

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 18 / 35

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5220

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

95.70

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

95.70

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
2 3Y Y Y Y  
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

95.70

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 19 / 35

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5216

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
2 5Y Y Y Y  
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

1500.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 20 / 35

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5219

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

43.59

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

43.59

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
2 6Y Y Y Y  
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

43.59

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 21 / 35

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5221

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
2 8Y Y Y Y  
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

1000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 22 / 35

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5218

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

787.83

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

787.83

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 3D D  
0 8Y Y Y Y  
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

787.83

**TOTALS** This Period (last page in this line only) ▶

44615.73

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 23 / 35

FOR LINE NUMBER:  
(check only one)☒ 11  
☐ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AUTHORIZENET CORPNature of Debt (Purpose):  
DONATIONS NOT TRANSFERREDMailing Address 915 SOUTH 500 EAST  
SUITE 200City State ZIP Code  
AMERICAN FORK UT 84003

Outstanding Balance Beginning This Period

3423.01

Transaction ID: SD11.19805

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3423.01

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Paypal IncNature of Debt (Purpose):  
DONATIONS NOT TRANSFERRED

Mailing Address 7615 37th Ave

City State ZIP Code  
Jackson Heights NY 11372

Outstanding Balance Beginning This Period

300.00

Transaction ID: SD11.19804

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

300.00

1) **SUBTOTALS** This Period This Page (optional).....

3723.01

2) **TOTALS** This Period (last page this line number only).....

3723.01

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

3723.01

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 24 / 35

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
JOHN CROSSNature of Debt (Purpose):  
CONSULTING

Mailing Address 2343 DAGGETT AVE

City State ZIP Code  
BATTON ROUGE CA 70808

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.19791

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DICKSTEIN SHAPIRO LLPNature of Debt (Purpose):  
LEGAL FEES

Mailing Address 1825 EYE STREET NW

City State ZIP Code  
WASHINGTON DC 20006

Outstanding Balance Beginning This Period

6500.00

Transaction ID: SD12.20016

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DICKSTEIN SHAPIRO LLPNature of Debt (Purpose):  
CONSULTING LEGAL

Mailing Address 1825 EYE STREET NW

City State ZIP Code  
WASHINGTON DC 20006

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional).....

12500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 25 / 35

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DICKSTEIN SHAPIRO LLPNature of Debt (Purpose):  
LEGAL FEES

Mailing Address 1825 EYE STREET NW

City State ZIP Code  
WASHINGTON DC 20006

Outstanding Balance Beginning This Period

2000.00

Transaction ID: SD12.20333

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DICKSTEIN SHAPIRO LLPNature of Debt (Purpose):  
LEGAL FEES JULY 2008

Mailing Address 1825 EYE STREET NW

City State ZIP Code  
WASHINGTON DC 20006

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12.20372

Amount Incurred This Period

3000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jacobson ElliottNature of Debt (Purpose):  
CONSULTING - FUNDRAISING

Mailing Address 1001 3rd Street, SW

City State ZIP Code  
Washington DC 20024

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20014

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional).....

8000.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 26 / 35

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WHITNEY GRAVELNature of Debt (Purpose):  
EXPENSE REIMBURSEMENT

Mailing Address 1600 N. OAK ST

City State ZIP Code  
ARLINGTON VA 22209

Outstanding Balance Beginning This Period

193.32

Transaction ID: SD12.13421

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

193.32

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Augustine GyamfiNature of Debt (Purpose):  
EXPENSE REIMBURSEMENT

Mailing Address 11311 Trenton Ct

City State ZIP Code  
Bristow VA 20136

Outstanding Balance Beginning This Period

24.00

Transaction ID: SD12.13461

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

24.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MINDI IDENNature of Debt (Purpose):  
CONSULTING CAMPAIGN COORDINATION

Mailing Address 149 S. Barrington Ave. #326

City State ZIP Code  
LOS ANGELES CA 90049

Outstanding Balance Beginning This Period

1500.00

Transaction ID: SD12.19797

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

1) **SUBTOTALS** This Period This Page (optional).....

1717.32

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 27 / 35

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ELLIOT JACOBSONNature of Debt (Purpose):  
CONSULTING FEE - FUNDRAIS-  
INGMailing Address 1101 3RD STREET, SW  
APT201City State ZIP Code  
WASHINGTON DC 20021

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.13422

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
RODRIGUEZ JOSENature of Debt (Purpose):  
CONSULTING

Mailing Address 1435 MONROE ST NW

City State ZIP Code  
WASHINGTON DC 20010

Outstanding Balance Beginning This Period

2000.00

Transaction ID: SD12.19794

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
RODRIGUEZ JOSENature of Debt (Purpose):  
CONSULTING FEES CAMPAIGN  
COORDINATION

Mailing Address 1435 MONROE ST NW

City State ZIP Code  
WASHINGTON DC 20010

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20015

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

7500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 28 / 35

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KG INTERNATIONALNature of Debt (Purpose):  
ACCOUNTING CONSULTING

Mailing Address 11311 TRENTON CT

City State ZIP Code  
BRISTOW VA 20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.18205

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KG INTERNATIONALNature of Debt (Purpose):  
ACCOUNTING CONSULTING

Mailing Address 11311 TRENTON CT

City State ZIP Code  
BRISTOW VA 20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.18206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KG INTERNATIONALNature of Debt (Purpose):  
CONSULTING ACCOUNTING

Mailing Address 11311 TRENTON CT

City State ZIP Code  
BRISTOW VA 20136

Outstanding Balance Beginning This Period

4500.00

Transaction ID: SD12.19795

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4500.00

1) **SUBTOTALS** This Period This Page (optional).....

9500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 29 / 35

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 KG INTERNATIONAL

 Nature of Debt (Purpose):  
 ACCOUNTING SERVICES

Mailing Address 11311 TRENTON CT

City	State	ZIP Code
BRISTOW	VA	20136

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20011

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 KG INTERNATIONAL

 Nature of Debt (Purpose):  
 ACCOUNTING SERVICES

Mailing Address 11311 TRENTON CT

City	State	ZIP Code
BRISTOW	VA	20136

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20245

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 KG INTERNATIONAL

 Nature of Debt (Purpose):  
 ACCOUNTING SERVICES

Mailing Address 11311 TRENTON CT

City	State	ZIP Code
BRISTOW	VA	20136

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20332

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional).....

9000.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 30 / 35

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KG INTERNATIONALNature of Debt (Purpose):  
ACCOUNTING FEES

Mailing Address 11311 TRENTON CT

City State ZIP Code  
BRISTOW VA 20136

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12.20371

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mosier lynneNature of Debt (Purpose):  
CONSULTING

Mailing Address 76 patrick way

City State ZIP Code  
half moon bay CA 94019

Outstanding Balance Beginning This Period

1500.00

Transaction ID: SD12.19793

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NETWORK GUILD LLCNature of Debt (Purpose):  
CONSULTING WEBSITE DEVELOPMENT

Mailing Address 1068 TREVINO LN

City State ZIP Code  
HENDON VA 20170

Outstanding Balance Beginning This Period

10000.00

Transaction ID: SD12.18207

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

1) **SUBTOTALS** This Period This Page (optional).....

16500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 31 / 35

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CHRIS PETHRICKNature of Debt (Purpose):  
CONSULTING CAMPAIGN MAGT

Mailing Address 16305 WOODVILLE ROAD

City State ZIP Code  
BRANDYWINE MD 20613

Outstanding Balance Beginning This Period

7498.00

Transaction ID: SD12.20012

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7498.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CHRIS PETHRICKNature of Debt (Purpose):  
CONSULTING - CAMPAIGN MAGT

Mailing Address 16305 WOODVILLE ROAD

City State ZIP Code  
BRANDYWINE MD 20613

Outstanding Balance Beginning This Period

5000.00

Transaction ID: SD12.20246

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ELLEN REYNOLDSNature of Debt (Purpose):  
NEW HEMPSHIRE OFFICE RENT-  
AL

Mailing Address 7 ROBINSON LANE

City State ZIP Code  
MOUNT PRESENT ME 04660

Outstanding Balance Beginning This Period

4000.00

Transaction ID: SD12.13424

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

1) **SUBTOTALS** This Period This Page (optional).....

16498.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 32 / 35

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ROB RYAN LLCNature of Debt (Purpose):  
WEBSITE REDESIGNMailing Address 2654 W HORIZON RIDGE PARKWAY  
#B5-141City State ZIP Code  
HENDERSON NV 89052

Outstanding Balance Beginning This Period

10000.00

Transaction ID: SD12.13419

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ROB RYAN LLCNature of Debt (Purpose):  
FUND RAISING FEESMailing Address 2654 W HORIZON RIDGE PARKWAY  
#B5-141City State ZIP Code  
HENDERSON NV 89052

Outstanding Balance Beginning This Period

12900.00

Transaction ID: SD12.18197

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12900.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ROB RYAN LLCNature of Debt (Purpose):  
CONSULTING FUND RAISINGMailing Address 2654 W HORIZON RIDGE PARKWAY  
#B5-141City State ZIP Code  
HENDERSON NV 89052

Outstanding Balance Beginning This Period

7312.50

Transaction ID: SD12.18198

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7312.50

1) **SUBTOTALS** This Period This Page (optional).....

30212.50

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 33 / 35

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
APRIL SHARPLEYNature of Debt (Purpose):  
CONSULTING CAMPAIGN COORDINATION

Mailing Address 3801 TATTERSHALL LANE

City State ZIP Code  
AUSTIN TX 78727

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.18204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
APRIL SHARPLEYNature of Debt (Purpose):  
CONSULTING CAMPAIGN COORDINATION

Mailing Address 3801 TATTERSHALL LANE

City State ZIP Code  
AUSTIN TX 78727

Outstanding Balance Beginning This Period

6000.00

Transaction ID: SD12.19798

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TELENOMICS GROUPNature of Debt (Purpose):  
CONSULTING DATABASE MANAGEMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City State ZIP Code  
ST LOUISE MO 63132

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.18200

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional).....

11500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 34 / 35

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TELENOMICS GROUP

Nature of Debt (Purpose):  
DATABASE MANAGEMENT CONSU-  
LTING

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City State ZIP Code  
ST LOUISE MO 63132

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.18201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TELENOMICS GROUP

Nature of Debt (Purpose):  
DATABASE MANAGEMENT CONSU-  
LTING

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City State ZIP Code  
ST LOUISE MO 63132

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.18202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TELENOMICS GROUP

Nature of Debt (Purpose):  
CONSULTING DATABASE MANAG-  
EMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City State ZIP Code  
ST LOUISE MO 63132

Outstanding Balance Beginning This Period

6000.00

Transaction ID: SD12.19796

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

1) **SUBTOTALS** This Period This Page (optional).....

12000.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 35 / 35

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE HARTFORDNature of Debt (Purpose):  
INSURANCE CAMPAIGN OFFICE

Mailing Address P.O. BOX 2907

City State ZIP Code  
HARTFORD CT 06104

Outstanding Balance Beginning This Period

520.00

Transaction ID: SD12.9257

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

520.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TROY ASSOCIATESNature of Debt (Purpose):  
RENTAL

Mailing Address 1916 Wilson Boulevard

City State ZIP Code  
Arlington, VA 22201

Outstanding Balance Beginning This Period

2983.33

Transaction ID: SD12.20013

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2983.33

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TROY ASSOCIATESNature of Debt (Purpose):  
RENTAL HQ

Mailing Address 1916 Wilson Boulevard

City State ZIP Code  
Arlington, VA 22201

Outstanding Balance Beginning This Period

2000.00

Transaction ID: SD12.20351

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

**1) SUBTOTALS** This Period This Page (optional).....

5503.33

**2) TOTALS** This Period (last page this line number only).....

140431.15

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

44615.73

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

185046.88